

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

|              | AS FILED |     | AFTER 1ST AMENDMENT |     | AFTER 2ND AMENDMENT |     |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
|              | CID      | DEP | CID                 | DEP | CID                 | DEP |
| 1            |          |     |                     |     |                     |     |
| 2            |          |     |                     |     |                     |     |
| 3            |          |     |                     |     |                     |     |
| 4            |          |     |                     |     |                     |     |
| 5            |          |     |                     |     |                     |     |
| 6            |          |     |                     |     |                     |     |
| 7            |          |     |                     |     |                     |     |
| 8            |          |     |                     |     |                     |     |
| 9            |          |     |                     |     |                     |     |
| 10           |          |     |                     |     |                     |     |
| 11           |          |     |                     |     |                     |     |
| 12           |          |     |                     |     |                     |     |
| 13           |          |     |                     |     |                     |     |
| 14           |          |     |                     |     |                     |     |
| 15           |          |     |                     |     |                     |     |
| 16           |          |     |                     |     |                     |     |
| 17           |          |     |                     |     |                     |     |
| 18           |          |     |                     |     |                     |     |
| 19           |          |     |                     |     |                     |     |
| 20           |          |     |                     |     |                     |     |
| 21           |          |     |                     |     |                     |     |
| 22           |          |     |                     |     |                     |     |
| 23           |          |     |                     |     |                     |     |
| 24           |          |     |                     |     |                     |     |
| 25           |          |     |                     |     |                     |     |
| 26           | 1        |     |                     |     |                     |     |
| 27           |          | 1   |                     |     |                     |     |
| 28           |          | 1   |                     |     |                     |     |
| 29           | 1        |     |                     |     |                     |     |
| 30           |          | 1   |                     |     |                     |     |
| 31           | 1        |     |                     |     |                     |     |
| 32           |          | 1   |                     |     |                     |     |
| 33           | 1        |     |                     |     |                     |     |
| 34           |          | 1   |                     |     |                     |     |
| 35           |          | 1   |                     |     |                     |     |
| 36           |          | 1   |                     |     |                     |     |
| 37           |          |     |                     |     |                     |     |
| 38           |          |     |                     |     |                     |     |
| 39           |          |     |                     |     |                     |     |
| 40           |          |     |                     |     |                     |     |
| 41           |          |     |                     |     |                     |     |
| 42           |          |     |                     |     |                     |     |
| 43           |          |     |                     |     |                     |     |
| 44           |          |     |                     |     |                     |     |
| 45           |          |     |                     |     |                     |     |
| 46           |          |     |                     |     |                     |     |
| 47           |          |     |                     |     |                     |     |
| 48           |          |     |                     |     |                     |     |
| 49           |          |     |                     |     |                     |     |
| 50           |          |     |                     |     |                     |     |
| TOTAL IND.   |          |     |                     |     |                     |     |
| TOTAL DEP.   |          |     |                     |     |                     |     |
| TOTAL CLAIMS |          |     |                     |     |                     |     |

|              | CLAIMS |     | CLAIMS |     | CLAIMS |     |
|--------------|--------|-----|--------|-----|--------|-----|
|              | CID    | DEP | CID    | DEP | CID    | DEP |
| 51           |        |     |        |     |        |     |
| 52           |        |     |        |     |        |     |
| 53           |        |     |        |     |        |     |
| 54           |        |     |        |     |        |     |
| 55           |        |     |        |     |        |     |
| 56           |        |     |        |     |        |     |
| 57           |        |     |        |     |        |     |
| 58           |        |     |        |     |        |     |
| 59           |        |     |        |     |        |     |
| 60           |        |     |        |     |        |     |
| 61           |        |     |        |     |        |     |
| 62           |        |     |        |     |        |     |
| 63           |        |     |        |     |        |     |
| 64           |        |     |        |     |        |     |
| 65           |        |     |        |     |        |     |
| 66           |        |     |        |     |        |     |
| 67           |        |     |        |     |        |     |
| 68           |        |     |        |     |        |     |
| 69           |        |     |        |     |        |     |
| 70           |        |     |        |     |        |     |
| 71           |        |     |        |     |        |     |
| 72           |        |     |        |     |        |     |
| 73           |        |     |        |     |        |     |
| 74           |        |     |        |     |        |     |
| 75           |        |     |        |     |        |     |
| 76           |        |     |        |     |        |     |
| 77           |        |     |        |     |        |     |
| 78           |        |     |        |     |        |     |
| 79           |        |     |        |     |        |     |
| 80           |        |     |        |     |        |     |
| 81           |        |     |        |     |        |     |
| 82           |        |     |        |     |        |     |
| 83           |        |     |        |     |        |     |
| 84           |        |     |        |     |        |     |
| 85           |        |     |        |     |        |     |
| 86           |        |     |        |     |        |     |
| 87           |        |     |        |     |        |     |
| 88           |        |     |        |     |        |     |
| 89           |        |     |        |     |        |     |
| 90           |        |     |        |     |        |     |
| 91           |        |     |        |     |        |     |
| 92           |        |     |        |     |        |     |
| 93           |        |     |        |     |        |     |
| 94           |        |     |        |     |        |     |
| 95           |        |     |        |     |        |     |
| 96           |        |     |        |     |        |     |
| 97           |        |     |        |     |        |     |
| 98           |        |     |        |     |        |     |
| 99           |        |     |        |     |        |     |
| 100          |        |     |        |     |        |     |
| TOTAL IND.   |        |     |        |     |        |     |
| TOTAL DEP.   |        |     |        |     |        |     |
| TOTAL CLAIMS |        |     |        |     |        |     |